



## **ALABAMA DEPARTMENT OF INSURANCE**

**Preneed Division**

**201 Monroe Street, Suite 502**

**Montgomery, AL 36130-3351**

### **ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS**

Upon clicking the link for [ALDOI - Preneed Online](#), you will see the below screen. You must enter your Company #, which is your unique Cemetery Authority number. If your cemetery authority is licensed or registered to sell preneed, then you will use your Preneed Certificate of Authority number as your company #. Your password was originally provided in an e-mail. If you did not receive a password or have forgotten it, contact the Preneed Division: (334)240-4420 or [preneed@insurance.alabama.gov](mailto:preneed@insurance.alabama.gov).

**Preneed**

The Alabama Department of Insurance allows Preneed companies to submit reporting and renewal information, pay annual invoice and renew Preneed Sales Agents.

Please enter your company number and password below to login.

Company #:

Password:

Once logged in, you will see the screen on the next page. Reports are only available during the time listed. If you are trying to submit a report during the appropriate period, but it does not appear to be available when you log-in, you should contact the Preneed Division.

#### **No Preneed License during your Ownership**

If the Cemetery Authority has never held a Certificate of Authority or has never been Registered as a Preneed Branch, you will always select "Endowment Reporting Information." Each such Cemetery Authority that has never been licensed to sell preneed while you have owned it will have its own unique log-in information, which you should have received via e-mail.

#### **Active or Inactive License to Sell Preneed**

If the Cemetery Authority, for which you are submitting your report is the Certificate Holder (active or inactive), select "Endowment Reporting Information." If the Cemetery Authority, for which you are submitting your report is an active or inactive Preneed Branch registered to a Preneed Certificate Holder (active or inactive), then you will select "Branch Reporting Information." You will return to this screen for each report you wish to submit, i.e. to submit reporting information for the Certificate Holder and for each Branch Registrant.

# ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

## Preneed

Annual renewals and preneed sales agent renewals may be submitted beginning May 1 and are due July 1.

First Period Semi-Annual reports may be submitted beginning August 1 and are due August 14.

Second Period Semi-Annual reports may be submitted beginning February 1 and are due February 14.

Annual inactive reports may be submitted February 1 and are due April 1.

Annual Endowment Care Reports will be accepted in 2017 from May 1 until July 1. Beginning in 2018, Annual Endowment Care Reports may be submitted beginning February 1 and are due April 1.

### ENDOWMENT REPORTING

[Endowment Reporting Information](#)

[Endowment Branch Reporting Information](#)

### RENEWALS

[Submit Renewal Information](#)

[Preneed Sales Agent Renewal](#)

If you have any questions, please contact the Preneed Division at (334)240-4420 or by email at [Preneed@insurance.alabama.gov](mailto:Preneed@insurance.alabama.gov).

**Endowment Reporting Information** - Unless the Cemetery Authority is registered to a Certificate Holder as a Branch, select this option. It will take you to the below screen:

## Annual Report Of Endowment Care

You are entering information for the prior calendar year reporting of your Endowment Care Cemetery. This report must be received by the Alabama Department of Insurance within ninety (90) days after the end of the current year unless the deadline is extended.

Company Number:	123456
Company Name:	ABC Cemetery Authority
Address:	1234 Cemetery Rd
City/State/Zip:	Cemetery Town AL 78910
Phone:	(123)456-7890

Reporting Year: 2016 ▼

**\*All fields are required. Make sure all fields are correct before submitting.**

**Reporting Year:** The report should default to the correct year, however, you should ensure the year shown agrees with the year you wish to submit and that the Company information is correct.

# ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

**Endowment Branch Reporting Information** – If you selected this option, then you have at least one active/inactive Registered Branch. Once you have confirmed the Reporting Year, then you will select the appropriate Branch for which you are submitting a report.

## Endowment

You are entering information for the current year reporting of your Endowment Care Cemetery. This report must be submitted to the Alabama Department of Insurance within ninety (90) days after the end of the current year unless deadline is extended.

Company Number: 123456

Company Name: ABC Cemetery Authority

Address: 1234 Cemetery Rd

City/State/Zip: Cemetery Town AL 78910

Phone: 1234567890

Reporting Year: 2016 ▼

**\*All fields are required. Make sure all fields are correct before submitting.**

Select a branch and enter reporting information below.

- ☐ PN11111- ABC CEMETERY AUTHORITY DBA MEMORIAL GARDENS
- ☐ PN22222- ABC CEMETERY AUTHORITY DBA FUNERAL HOME AND MEMORIAL GARDENS
- ☐ PN33333- ABC CEMETERY AUTHORITY DBA CEMETERY & MAUSOLEUM

**FROM THIS POINT FORWARD – BOTH FORMS ARE IDENTICAL** After you have verified the year and selected the appropriate registered branch if necessary, both forms are virtually identical.

**THE ENDOWMENT CARE CEMETERY IS A:** Indicate whether the Cemetery Authority, for which you are submitting a report, is operated as a Cemetery Authority only or as a Combination Funeral Establishment/Cemetery Authority.

Reporting Year: 2016 ▼

**\*All fields are required. Make sure all fields are correct before submitting.**

This Endowment Care Cemetery is a:

- ☐ Cemetery Authority
- ☐ Combination Funeral Establishment/Cemetery Authority

## ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

**PREPARER INFORMATION:** Enter the contact information for the individual who prepared the information being submitted in the report. In most cases, this will likely be the person entering the information. In some cases there may be a bookkeeper /accountant, trustee, another employee, etc. that prepares the information, but is not the person actually submitting the report. **The contact information will be used in the event the Department has questions regarding the information submitted.**

<b>Preparer Information:</b>	
Preparer Name: <input type="text" value="John Doe"/>	Preparer Address: <input type="text" value="1234 Cemetery Rd"/>
Preparer City: <input type="text" value="Cemetery Town"/>	Preparer State: <input type="text" value="AL"/> <input type="text" value="v"/> Preparer Zip: <input type="text" value="78910"/>
Preparer Phone: <input type="text" value="(123) 456-7890"/>	Preparer Email: <input type="text" value="John@ABCcemetery.com"/>

**TRUSTEE:** Use the dropdown to **select the trustee**, which administers the Endowment Care Trust Account. **Fill in the contact information** for the trustee. You should be able to find this on the trust statement. If you have more than one endowment care trust account for the same cemetery authority, please contact the Department (334)240-4420.

<b>Trustee:</b>	
Trustee Name: <input type="text" value="Regions Bank - Funeral Tr"/> <input type="text" value="v"/>	Trustee Address: <input type="text"/>
Trustee City: <input type="text"/>	Trustee State: <input type="text" value="AL"/> <input type="text" value="v"/> Trustee Zip: <input type="text"/>
Trustee Phone: <input type="text" value="( ) -"/>	Trustee Email: <input type="text"/>

**REPORT QUESTIONS:** If you have changed trustees since the last report submitted, you should answer "yes" to this question, then another question will appear asking for the date you received approval. Select the appropriate date. If there has not been a change, respond "no".

Has there been a change in trustee since the last report submitted regarding this cemetery? <input checked="" type="radio"/> Yes <input type="radio"/> No	
What date did you receive Preneed Division approval for the change?	<input type="text" value="2/1/2017"/>

# ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

**As of December 31, 2016, Endowment Care Balance Information:** Most of the below information should come from the Annual Endowment Care Trust Statement or the Endowment Care Trust Statement for the month of December of the year you are reporting on.

As of December 31, 2016, Endowment Care Balance Information	
Year End Trust Market Value:	<input type="text"/>
Total Trust Deposits since May 1, 2002 (include the first deposit and ALL deposits thereafter):	<input type="text"/>
Total Trust Deposits in 2016:	<input type="text"/>
Interest and Dividends Earned in 2016:	<input type="text"/>
Total Withdrawals in 2016:	<input type="text"/>
Trust Agreement Approval Date:	<input type="text"/>

**Year End Trust Market Value:** This number is found on your Annual Endowment Care Trust Statement or the Endowment Care Trust Statement for the month of December of the year you are reporting on.

**Total Trust Deposits since May 1, 2002 (include the first deposit and ALL deposits thereafter):** This is the amount of all deposits made since the law became effective in May 1, 2002. If you acquired the cemetery authority and it already had a trust, the amount reported should include the amount in trust prior to the acquisition as well as subsequent trust deposits you have made. This number may correspond to the "Principal" reported on the trust statement.

**Total Trust Deposits in 2016 (report year):** This is the total amount you deposited for the entire report year. This amount should be reflected on the Annual Endowment Care Trust Statement and might be included on Endowment Care Trust Statement for the month of December of the year you are reporting on.

**Interest and Dividends Earned in 2016 (report year):** This amount should be obtained from the Annual Endowment Care Trust Statement or the Endowment Care Trust Statement for the month of December of the year you are reporting on.

**Total Withdrawals in 2016:** This amount should be obtained from the Annual Endowment Care Trust Statement or the Endowment Care Trust Statement for the month of December of the year you are reporting on. It may be referred to as "**Distributions.**"

**Trust Agreement Approval Date:** Select the date your trust agreement was approved. If you are a participant under a Master Trust and have an executed participation agreement, then the approval date provided should be for the Master Trust Agreement. If you are unsure of this date or cannot locate the trust agreement approval, contact your trustee or the Department.

# ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

## YES/NO QUESTIONS REGARDING COMPLIANCE WITH THE PRENEED FUNERAL AND CEMETERY ACT

Did these withdrawals come from dividends and interest only?	<input type="radio"/> Yes <input type="radio"/> No
Were the funds withdrawn used exclusively for the maintenance and care of the cemetery?	<input type="radio"/> Yes <input type="radio"/> No
Were any statutorily required endowment care funds used for new cemetery construction?	<input type="radio"/> Yes <input type="radio"/> No
Does the cemetery include mausoleums or columbariums, whether above or below ground?	<input type="radio"/> Yes <input type="radio"/> No
Does the cemetery authority have plans to build a mausoleum or columbarium?	<input type="radio"/> Yes <input type="radio"/> No

The above questions require a “Yes” or “No” response. They seek to confirm compliance with ALA. CODE § 27-17A-50, which states:

(b) The net income from the endowment care fund, to the extent that the same is distributed from the fund, shall be used exclusively for covering the costs of endowment care of the cemetery.

(c) For the purposes of this section, net income does not include realized or unrealized capital gains or losses. All realized capital gains and losses shall be recorded to corpus, which is the sum of deposits made by a cemetery authority into an endowment care fund, pursuant to Section 27-17A-49, and all realized capital gains or losses. Capital gains taxes, if any, may be paid from the corpus. Unrealized capital gains and losses, if any, shall be recorded as an adjustment to the fair market value of the endowment care fund.

**Mausoleum Questions: If you respond yes to the mausoleum questions above, additional questions will appear. If you respond “No,” the additional questions will not be visible. The questions should be answered based on your mausoleum plans and records.**

Does the cemetery authority have plans to build a mausoleum or columbarium?	<input checked="" type="radio"/> Yes <input type="radio"/> No
How many crypts/niches will be available according to the plan?	<input type="text"/>
Has the cemetery pre-sold any crypts/niches in its planned mausoleum or columbarium?	<input checked="" type="radio"/> Yes <input type="radio"/> No
What was the date of the first pre-sale (month/date/year)?	<input type="text"/>
How many spaces have been pre-sold?	<input type="text"/>
What is the anticipated date of completion (month/date/year)?	<input type="text"/>

# ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

**GRAVE/LAWN CRYPT SALES** – The information for your interment right sales should come from your property sales log, which is required to be updated at a minimum, quarterly.

## Interment Right Sales - Per your Cemetery Property Sales Log

### Grave/Lawn Crypt Space

Number of Rights Sold in 2016:

Retail Value of Rights Sold (prior to **ANY** discounts and according to the 'Schedule of All Charges'):

**MAUSOLEUM OR COLUMBARIUM CRYPT/NICHE SALES** - This information for your interment right sales should come from your property sales log, which is required to be updated at a minimum, quarterly.

## Mausoleum or Columbarium Crypt/Niche (above or below ground)

Number of Rights Sold in 2016:

Retail Value of Rights Sold (prior to **ANY** discounts and according to the 'Schedule of All Charges'):

**Endowment Care Trust Deposit Information** – Per ALA. CODE Section 27-17A-49(a), Endowment Care trust deposits shall be made 'not more than four months after the close of the month in which the total or final payment on the sale has been received....' This section is concerned with the timing of trust deposits. Some cemeteries trust immediately upon an interment right sale, whether it is paid in full or not, others trust within the four-month of receipt and some are inconsistent. Using your updated preneed sales log, and your trust records, respond to the questions regarding the timing of paid in full interment rights and the related endowment care trust deposits.

**Statutory Trust Requirements - Per ALA. CODE Section 27-17A-49(a), Endowment Care trust deposits shall be made 'not more than four months after the close of the month in which the total or final payment on the sale has been received....'**

### Grave/Lawn Crypt Space

2015 Retail Value of Interment Rights Paid-in-full (*September 1 thru December 31*):

For the above 2015 Paid-in-full contracts: Amount Trusted in **2015**:  **2016**:

2016 Retail Value of Interment Rights Paid-in-full (*January 1 thru August 31*):

For the above 2016 Paid-in-full contracts: Amount Trusted in **2016**:

2016 Retail Value of Interment Rights Paid-in-full (*September 1 thru December 31*):

For the above 2016 Paid-in-full contracts: Amount Trusted in **2016**:  ☐ N/A Trusted in **2017**



## ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

**You should answer the next questions truthfully. Based on your response, additional questions or text boxes may appear for completion.**

**Has the Cemetery Authority made all 2016 required deposits in the period required by the law?** If your response is “No” then a box will appear for you to explain your answer.

Has the Cemetery Authority made all 2016 required deposits in the time frame required by the law? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Please Explain:	<div><div></div></div>

**Is the Cemetery under an Order or Agreement with the Department to make additional EC Trust deposits?** If your response is “Yes,” then a box will appear for you to provide the date of the agreement.

Is the Cemetery under an Order or Agreement with the Department to make additional EC Trust deposits? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount Trusted in 2016 as a result of the Order or Agreement: <input type="text"/>	

**Has the Cemetery Authority complied with the terms of the Order or Agreement?** If your response is “No,” then a box will appear for you to explain your answer.

Has the Cemetery Authority complied with the terms of the Order or Agreement? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Please Explain:	<div><div></div></div>

**The next two questions are regarding preneed active pre and post-law.** These questions are regarding the cemetery for which the report is being filed only, not a separate entity that has a common owner. They simply require a “Yes” or “No” answer.

Prior to the effective date of the Alabama Prenneed Funeral and Cemetery Act, May 1,2002, did the Cemetery Authority engage in the sale of Prenneed Contracts?	<input type="radio"/> Yes <input type="radio"/> No
After the Alabama Prenneed Funeral and Cemetery Act went into effect on May 1,2002, has the Cemetery Authority engaged in the sale of Prenneed Contracts?	<input type="radio"/> Yes <input type="radio"/> No



# ANNUAL REPORT OF ENDOWMENT CARE COMPLETION INSTRUCTIONS

## Has the Cemetery Authority ever held or does it currently hold a Preneed Certificate of Authority?

This question is regarding the cemetery for which the report is being filed only, not a separate entity that has a common owner. If you answer "Yes," then boxes for the COA number and the COA name will appear.

<b>Has the Cemetery Authority ever held or does it currently hold a Preneed Certificate of Authority?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Provide the certificate number and the name that was/is listed on the certificate.</b>		
COA Number:	<input type="text"/>	COA Name: <input type="text"/>

## E-Signature

This is the final step before submission. It should be completed by the representative submitting the report. The 4-digit e-Signature is a number of the submitting representative's choosing.

<b>E-Signature</b>	
<p>I hereby certify, to the best of my knowledge and belief, that the cemetery authority identified herein is in compliance with the Code of Ala. 27-17A-45 through 27-17A-56. I understand that effective January 1, 2015, the amount required to be trusted for Endowment Care will be based on the "schedule of all charges" required to be posted under ALA. CODE 8-30-2. I further understand that it is my responsibility to maintain evidence of the "schedule of all charges" posted on the date of any interment right sale and make such evidence available to the Department or Examiner thereof for inspection. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits, or knowingly withdraws unauthorized funds or assets from a trust, may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof. I further certify that I am authorized to sign and submit this report on behalf of the Cemetery Authority.</p>	
<b>Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.</b>	
Authorized Representative of Cemetery Authority:	<input type="text" value="John Doe"/> 4-digit e-Signature: <input type="text" value="1234"/>
<input type="button" value="Submit report"/>	

**NOTE:** The Department has requested that trustees submit Endowment Care Trust Statements on your behalf. However, the cemetery authority is ultimately responsible for submitting the supporting documentation for its Annual Report of Endowment Care. Information should be submitted online from the Preneed website. A link, "Upload Documentation," is located near the bottom of the "Reporting Requirements" page of the Preneed website: <http://www.aldoi.gov/Preneed/Reporting.aspx>